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RULE				

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of PCT/US03/27772 09/04/2003
 which is a CIP of 10/378,956 03/03/2003
 which claims benefit of 60/360,768 03/01/2002
 and said PCT/US03/27772 09/04/2003
 claims benefit of 60/451,213 02/28/2003
 and claims benefit of 60/463,962 04/18/2003
 and claims benefit of 60/487,064 07/11/2003
 This application 10/660,202
 is a CIP of 10/637,829 08/08/2003 ABN
 which is a DIV of 10/295,995 11/18/2002 PAT 6,699,840
 which is a CON of 10/232,589 09/03/2002 PAT 6,559,293
 which claims benefit of 60/406,974 08/30/2002
 and claims benefit of 60/380,288 05/15/2002
 and claims benefit of 60/356,764 02/15/2002
 This application 10/660,202
 is a CIP of 10/449,307 05/30/2003 PAT 7,078,526
 which claims benefit of 60/463,962 04/18/2003
 and claims benefit of 60/444,315 01/31/2003
 and claims benefit of 60/439,282 01/10/2003
 and claims benefit of 60/384,152 05/31/2002
 This application 10/660,202
 is a CIP of 10/601,092 06/20/2003 ABN
 and claims benefit of 60/451,213 02/28/2003
 and claims benefit of 60/463,962 04/18/2003
 and claims benefit of 60/487,064 07/11/2003

** FOREIGN APPLICATIONS *****

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** 07/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 66	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 20
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

PHARMACEUTICAL CO-CRYSTAL COMPOSITIONS

FILING FEE RECEIVED 1607	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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